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ABSTRACT

During the last 20 years, the Netherlands has established a name for itself throughout the gay communities in the world as a tolerant country for homosexuality. This document addresses some theoretical issues that play a major role in gay affirmative counseling and psychotherapy in the Netherlands and discusses some examples of the work in the field of methodology-development. Following a brief introduction, section 2 addresses issues surrounding social constructionism, the acceptance and appreciation process, relationships, lesbian and gay male sexuality and the diverging ways of theorizing between men and women. Section 3 looks at the development of methodology, issues of acceptance and appreciation, process for relationship training for lesbian couples, and training in social skills for gay men. Section 4 discusses the education and training of counselors and psychotherapists. The document suggests that Dutch gay affirmative counseling and psychotherapy is heavily influenced by thinking and theorizing in other academic areas such as sociology, history, and cultural anthropology and is open to international influences. It is concluded that the following issues need further consideration: violence within gay and lesbian relationships, the position of gays and lesbians within the army; gay parenthood; and gays who are handicapped. It is noted that in view of the limited resources and possibilities of gay psychology, an expansion of international contacts and cooperation appears to be vital. (BHK)

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GAY AFFIRMATIVE COUNSELING AND PSYCHOTHERAPY IN THE NETHERLANDS

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GAY AFFIRMATIVE COUNSELING AND PSYCHOTHERAPY IN THE NETHERLANDS

1. INTRODUCTION

During the last twenty years the Netherlands has established a name for itself throughout the gay communities in the world as a tolerant country as far as homosexuality is concerned. Whether this 'name and fame' are always justified, remains to be seen. There is no doubt about it, however, that the Netherlands has a special role in Europe and beyond, as far as the development of the gay liberation movement is concerned. I have been invited to tell you something today about gay affirmative counseling and psychotherapy in the Netherlands. Because my time is limited I will focus on some recent developments and issues, but first it seems wise to give you a little background information, so you will understand something about the context of the issues I am going to discuss. There are four key words which, in my view, characterise gay affirmative counseling and psychotherapy in the Netherlands. The first one is : 'small'. As you may know the Netherlands is a very small country with about 15 milion inhabitants. Only a few people specialise in gay psychology. There is the staff of the Schorerfoundation, the Dutch lesbian and gay mental health agency for which I work. There are the departments of gay studies in several universities, which do some research in gay psychology. There is a small network of gay male therapists and a much larger, but also limited, network of lesbian therapists. Of course we have some allies among heterosexual counselors and psychotherapists, but as you may have

experienced yourself, gay psychology will have to be developed by gays and lesbians themselves, because most heterosexual colleagues just are not interested enough or they are afraid to associate their names and careers with a subject like homosexuality.

The second key-word I would like to mention here is 'old'. The Schorerfoundation, the first gay and lesbian mental health agency in the world entirely sponsored by government funding, started its work as early as 1967. Also one of the first, if not the first, publication on the coming-out or acceptance-process was written by a Dutch gay psychiatrist (Wijnand Sengers) in 1969. So we can speak of a relatively long history in comparison to the situation in many other countries. The third key-word is 'similar'. Dutch psychology and the Dutch gay community are being and have been heavily influenced by their North American counterparts and I am sure that, in the course of this speech, you will notice many parallels between developments in the Netherlands and in the U.S.A. However, some interesting differences might also appear, some caused by cultural and historical differences and others being a consequence of the fact that Dutch gays find themselves in a society which is, at least on the surface, more accepting of homosexual behavior than society in major parts of the U.S. seems to be. The last key-words may sound a little more positive than the preceeding ones and they are: lively and intelectually stimulating. In the remainder of this talk I hope to clarify why I feel these last key-words are applicable to gay affirmative counseling and psychotherpay in the Netherlands.

First of all I will pay attention to some theoretical issues that play a major role in gay affirmative counseling and psychotherpay

in the Netherlands. Then I will discuss some examples of the work that is being done in the field of methodology-development. The next subject will be the training of counselors and psychotherapists in gay affirmative theory and methodology. Finally I will try to draw some conclusions and say a few words about possible future directions.

2. THEORETICAL ISSUES IN DUTCH GAY AFFIRMATIVE COUNSELING AND PSYCHOTHERAPY.

2.1. INTRODUCTION

I would like to start this part of my speech by telling you something about the influence of social constructionism on Dutch gay affirmative counseling and psychotherapy. Next I will pay attention to a subject which has, traditionally, always been a central part of gay psychology and which in the Netherlands is called the acceptance-process. Then I will describe some theoretical issues concerning gay and lesbian relationships, followed by a short discussion of gay and lesbian sexuality.

2.2. SOCIAL CONSTRUCTIONISM

Reading Theo van der Meers entry on the Netherlands in the Encyclopedia of Homosexuality, you might be quite surprised that an extraordinary large part of the text is devoted to history. During the last few years lots of articles have appeared on the lives, trials and deaths of sodomites, living in the sixteenth, seventeenth etc. century. Superficial observers might see this rather sudden interest in the past as a sign of a growing

awareness among gay men and women of their own history. This is only partly true, since many authors in this field are, on the contrary, trying to show that gay men and women as we know them in the west only have a very short history, starting at the end of the last century. Some cultural antropologists have followed suit, trying to show that homosexuality is expressed quite differently in different cultures and that comparisons with western concepts of homosexuality are difficult if not quite useless, thereby flushing ideas about a worldwide community of gay men and lesbian women down the drain. I would like to add that, personally, I feel more impressed by the similarities between the old sodomites and modern gay men than by the differences between them. It is, to say the least, quite remarkable that those sodomites, without having the benefits of a gay identity or community, pursued same sex contacts despite of the mortal risks they were running. In the Netherlands gay history and gay cultural antropology, if I may call them such, are heavily influenced by social constructionism. This theory, with which most of you will be familiar, was first proposed by the french filosofer Foucault and then worked out in more detail by his followers and disciples. It says (roughly) that homosexuality as we know it is a cultural artefact. When medical doctors at the end of the 19th century started thinking and talking about sexuality, they invented a new category of people (or rather patients) whom they labeled 'homosexuals'. In the course of many years the scientific and popular discourse on homosexuality shaped this diagnostic category into an identity: a gay man or a lesbian do not show homosexual behavior, but they are homosexual. Thus homosexuality became an identity, which, by the way, for the first time in history helped something like a

gay movement on its feet. The antagonist of social constructionism is called essentialism. Essentialism does indeed see homosexuality as an important personality trait which is either inborn or acquired in early youth. Representatives of both schools met during the 'Homosexuality, which homosexuality' conference in Amsterdam in 1987, which was organised by the Schorerfoundation in cooperation with the Free University of Amsterdam. The debate, however, was not very heated, since most people present seemed to realise that, just as with the 'nature-nurture' discussion, the truth is bound to be found somewhere in the middle. Lately the work of Lacane, a French philosopher and psychoanalyst, is getting more attention. His so called 'postmodern' theories are very difficult to understand and frankly I would not dare to start explaining them to you here.

Social constructionism is slowly but surely getting more influence in Dutch gay psychology, while at the same time it seems to be ignored completely by main stream psychology and sexology. Among the specialists in gay issues, however, more and more people are becoming aware of the fact that the strict lines we have drawn between heterosexuality and homosexuality as two completely separate identities, are artificial and limiting both on a personal and a theoretical level. Shifting viewpoints in this area are reflected in terminology: homosexual disposition became homosexual orientation, and now most of us talk about a homosexual preference. Social constructionism also influenced the practice of gay counseling and psychotherapy, a subject to which I will come back later. To complicate things some essentialist researchers in recent years reported on biologically oriented studies. A little more than a year ago a Dutch neurologist, dr. Swaab, claimed he had found a possible cause for homosexuality in

the structure of the brain. Comparing the brains of deceased heterosexual and homosexual Aids-patients, he found that part of the hypothalamus of his formerly gay subjects was significantly larger than in his formerly straight subjects. I guess most of you are familiar with Greens research on gender identity and homosexuality in males, postulating a link between effeminacy in boys (which may be rooted in human biology) and a homosexual preference in later life. Social constructionism and essentialism each lead up to often interesting and sometimes contradictory research into homosexuality, showing us how complicated human sexuality really is. In my view the current stage of scientific affairs forces us to keep an open mind: the development of a sexual preference for people of the same sex might be influenced by biological, hormonal, genetical, developmental factors, the relative influence of each factor being different in different individuals. At the same time the expression and personal experiencing of this sexual taste is shaped and formed by historical developments, mainstream cultures and subcultures, which together constantly define and redefine homosexual reality. I have always felt, however, that the possible etiologies or 'the nature' of homosexuality do not play an important role in the practice of gay affirmative counseling and psychotherapy. What we are interested in in psychotherapy is the client's interpretation or reconstruction of his or her personal sexual history. Recently the Dutch gay psychologist Lex van Naerssen published his doctoral thesis on sexual desire, which he called 'Labyrinth without walls'. The influences of social constructionism and postmodern thought are clearly visible in Van Naerssens work. For him the history of a person's sexuality cannot be characterised by who he or she did it with and how and

when, but it is the personal history of touching and being touched. People organise the feelings that are caused by touching and being touched, using cultural and personal definitions of sexuality as points of reference. In this way they construct (culturally prescribed) walls in their previously wall-less, personal labyrinth. According to Van Naerssen a person is neither male nor female, homosexual nor heterosexual. What he or she does is to try and give a meaning to or build constructions about his or her relationships with others, but these meanings and constructions can only be temporary, because there is no universal meaning or final truth behind our sexual feelings. In a walled-in labyrinth the person is confronted with problems and he or she will only find the exit if the dead end corridors are being avoided. Sexuality, being a labyrinth without walls, is like a desert and the only thing the therapist can do is try to analyse the delusions of labyrinth-walls to which the traveler has been exposed and the oasis in which he or she can find some (temporary) rest.

2.3. THE ACCEPTANCE AND APPRECIATION PROCESS

The coming out or acceptance-process has always been a central issue for gay psychology. In 1969 the openly gay Dutch psychiatrist Sengers published his very influential doctoral thesis on homosexuality, in which the concept of 'self-acceptance' was introduced. In the sixties and the first part of the seventies the dutch gay liberation movement put most of it's energy in striving for complete integration of gay men and lesbians into mainstream heterosexual society. The influence of this integration-ideology is clearly visible in Sengers work, as he claimed that a lack of self-acceptance among gay men and women

can lead to unwanted behaviors like promiscuity or cross-dressing, which in turn cause society to react with rejection and discrimination. A clear case of blaming the victims. As the gay liberation movement shifted its focus from integration to emancipation (demanding equal rights plus the right to be different and develop an own subculture) this mistake was corrected. In the seventies some ex-colleagues of mine described the acceptance-process gay men and lesbians go through upon discovering their sexual preference, comparing it to the process of mourning. They advised counselors and therapists to adopt a neutral, objective attitude towards heterosexuality and homosexuality alike. This, among other things, cost them their jobs at the Schorerfoundation, the Dutch institute for gay and lesbian mental health. The foundation, at that time, was doing its best to catch up with the gay liberation movement and claimed that therapists can never be neutral or objective and that especially gay therapists should use their subjectivity and positive personal involvement in the area of homosexuality as a positive asset when dealing with gay clients. I happened to agree with this point of view and in later publications relabeled the 'acceptance-proces' into the 'acceptance and appreciation'-process, trying by means of these extra words to stress the importance of an active and positive valuing of one's homosexual preference as a developmental task which should be an integral part of the whole process. Making place for some gay pride, so to speak. As you may have noticed I do not use the words 'coming out process', as most North Americans seem to do. 'Coming out' really is a political term. In my view 'acceptation and appreciation-process' is a more accurate, psychological term. The words 'coming out process' seem to imply that coming out to one's

environment is the main and central task or goal of the whole process. Coming out may enhance or facilitate a positive self-image when the circumstances are right, but one can easily think of circumstances in which coming out would be a very unwise thing to do. Dogmatic social constructionists might add to this that coming out is an act of submission to the current political doctrine in which a person is supposed to be either heterosexual or homosexual. To them coming out is a confession, rather than an assertive statement about one's sexual identity. And indeed a growing group of young people in the Netherlands refuse to label themselves as gay or not gay, declaring such models of sexuality to be oldfashioned.

An interesting question in relation to the acceptance- and appreciation process is whether this process is influenced by a relatively tolerant climate towards homosexuality. In 1986 Deenen and Van Naerssen questioned 60 boys and 45 girls about their homosexual feelings. One of the findings was that, in comparison to a similar research effort which was carried out in 1977 by Sanders, the mean age on which these girls and boys discovered their feelings for persons of the same sex and labeled these feelings as homosexual or lesbian, has dropped significantly. The mean age of coming out, however, remained the same, which led the authors to postulate a 'bottom-age' for coming out. Clinical experience at the Schorerfoundation seems to indicate that the number of clients with clear-cut, uncomplicated acceptance-problems is going down. It is our impression that those clients who do ask for help because of acceptance problems often present a more complicated picture than in the past. Because of diagnostic as well as therapeutical concerns I have, in my book on counseling and psychotherapy for gay men, proposed

to make a distinction between:

1. uncomplicated acceptance and appreciation processes (the client is 25 years or younger, the time lapse between self-labeling of gay feelings and looking for help is not much longer than 5 years, there is a reasonable social network and reasonable social skills, the client is clear about his sexual preference). Therapy in these cases can often be limited to supportive counseling, information giving and referral to a self help group.
2. complicated acceptance and appreciation processes (there is a weak social network and important social skills are lacking, the client has a negative selfimage and a strong fear for other gays or lesbians or for intimacy in general, there is a clear presence of internalised homophobia and no or bad experiences with homosexual contacts, the period between self-labeling as a homosexual and looking for professional help is longer than 5 years, the rejection of his or her homosexual feelings has been a reason to marry someone of the opposite sex). In these cases therapeutic intervention is necessary, for example in the form of participation in a group for people with similar problems, led by a professional therapist.
3. Secondary acceptance and appreciation processes (the client presents other, very serious problems, which are not directly related to homosexuality perse. One can think of symptoms like psychotic decompensation, severe depression, acting out, abuse of alcohol or drugs). One should be very cautious in postulating any causal link between the acceptance-problems and the primary symptoms. In general the primary symptoms should be the first focus of treatment, without however neglecting the fact that this particular client is a gay man or a lesbian with acceptance problems.

2.4. RELATIONSHIPS

The different discourses about relationships among lesbians on the one hand and gay men on the other, sometimes appear to be each others mirror-images. Words like closeness and distance, intimacy and autonomy, dependence and independence are frequently used to point out that women tend to have problems with autonomy, while men tend to have difficulties in the area of intimacy. I do feel, by the way, that we should always be very cautious with these kind of generalisations. Before you know it, all gay and lesbian relationships are seen as suffering from these problems.

Talking about the problems within lesbian relationships has, for a long time, been a relative taboo in the Netherlands. During the time in which the lesbian community was struggling for its own identity and recognition there has been little room for discussing possible weaknesses. During the sixties the ideal of longlasting, monogamous relationships between women was widely used as a model for all lesbians. Differences between women and the reality of problematic and broken lesbian relationships were widely ignored. This situation has changed dramatically in the last few years. Research showed that more than half of the lesbian couples choose to live apart and the issue of autonomy versus dependence in lesbian relationships became a central one. The shattering of the myth that lesbian relationships closely resemble the traditional and idealised heterosexual marriage not only resulted in the recognition that lesbian lifestyles show much more variation. Also the number of lesbian couples seeking relationship therapy has increased dramatically. Couples now form more than half of the case-load of my female colleagues at the Schorerfoundation.

The demand for relationshiptherapy has also increased among gay men, although not as strongly. Allready before the start of the HIV-infections epidemic a growing number of gay male couples came to our office for relationshiptherapy and for obvious reasons this trend has only been reinforced by Aids. Relationship-therapy for gay and lesbian couples is a complicated field about which we do not know very much. The large variety in lifestyles among Dutch gay men and lesbians prevents an easy definition of a gay/lesbian relationship and the special dynamics of intimate relationships between two or more males or females still need a lot of clarification and research. The University of Utrecht has done some research in this area with a group of 156 gay male couples. Some of the hypotheses proposed by McWhirter and Mattison have been tested and I am afraid they have not been confirmed by the results. Ad Deenen found that the number of sexual partners outside the couple cannot be predicted by the length of the relationship or the emotional closeness and sexual satisfaction within the couple, as McWhirter and Mattison assumed. Ad Deenen did find a correlation between the number of partners of one member of the couple and the number of sexual partners of the other member of the couple. He also found a correlation between the number of sexual parnters and the perceived effects of these affairs on the relationship by the couple concerned. Younger men appear to have fewer sexual partners outside the couple than older men. Men with a dogmatic religious background tend to have more sexual parnters than those who have been raised in a more or less liberal environment. In another study Deenen found that the experiencing of intimacy does not correlate with the length of a relationship (as McWhirter and Mattison predicted). The perceived quality of intimacy within the

couple was linked, however, to relationship satisfaction. It seems that for younger men the emotional aspects of a relationship are more important than the sexual aspects, while for older men this is the reverse. According to Deenen this might be a consequence of the fact that society has become more tolerant towards homosexuality. It is possible that men who have grown up in an environment which is less homophobic do experience their relationships differently, attaching more importance to the emotional sides of a relationship than those men who have grown up in a more homophobic environment. I might add, however, that these findings could also be the result of aging, a more repressive climate towards promiscuity, the HIV-epidemic or a combination of these factors.

In view of the growing demand among gay and lesbian couples for relationshiptherapy the Schorerfoundation started a project aimed at developing specific methodologies. It is too early however, to report any results as far as the men are concerned. The training which has been developed for lesbian couples will be discussed later.

2.5. SEXUALITY

The discussions about lesbian and gay male sexuality seem to be following diverging lines of thought.

Parallel to what has been said about relationships, dealing with interpersonal differences plays a major part in the discussions about lesbian sexuality. Before the second world war thinking about lesbian sexuality was mainly cast into the mold of the butch/femme styles, stressing the difference between so-called active and passive roles. The second feminist wave was somewhat

anti-sexual in its ideology, giving priority to political discussions and actions. The first ones to start up a renewed discussion of lesbian sexuality were the women from the small but active s.m.-scene. While equality between women had always formed the mainstream of lesbian ideology, these women talked about their experiments with power and submission. It became increasingly clear that a growing group of lesbians were leading promiscuous life-styles, although the only backroom for women in Dutch history, which was located in an Amsterdam discotheque for lesbians, never saw much sexual activity and slowly changed into a storageroom for the liquor-stock of the establishment. The psychological discourse on lesbian sexuality differs from the one about gay male sexuality, in that it never focussed on things like sexual dysfunctions. It is of a more explorative nature, does not give any strict rules or norms about which behavior would be indicative of a healthy sexuality and doesn't seem to suffer much from any kind of moralising. Lesbian clients also do not seem to label their questions about sexuality in terms of dysfunctions, as men often do. In the context of this rather open attitude it is, for example, entirely possible that two lesbian partners, who have not made love to each other for years (a relationship-style which might be called a 'Boston Marriage'), go through a relationshiptherapy in which this lack of sexuality is not a major topic at all and end their therapy to the full satisfaction of all parties involved, without any changes in this area. For male couples such a course of events would be very rare indeed.

Especially since the start of the HIV-epidemic a lot of attention has been paid to the different forms of sexuality among gay men. Their sexuality has been defined in terms of achievements, number

of partners, specific techniques etc. Consequently sexuality among males has come under severe attack, both from within and from without the gay community. At this point I would like to pay some attention to a form of psychological attack, a new trend among psychologists that may be called 'moralising diagnostics' and which, in my view, is a an important and dangerous side effect of HIV-infections. .

During the safe-sex and Aids-prevention campaigns of the last few years the Dutch gay movement and the Schorerfoundation have always tried to avoid moralising. Our consistent message has been that sex is enjoyable, also when it is safe. Time and time again we have pointed out that infection with HIV is not linked to the number of partners one has had, but to the techniques that have been employed. There is no reason to avoid the kicks and pleasures of sauna's and backrooms, as long as safe sex is applied. Workers in the field of mental health often moralise by way of labels and diagnostics. I have the impression that in the United States there is a growing tendency to label promiscuity among gay men as a sex-addiction or as compulsive sex. Some colleagues in the Netherlands seem to go along with this trend, which I feel is extremely dangerous and covertly moralising. Psychology has a long history of trying to surpress all sexual behavior which differs from the heterosexual, monogamous marriage by calling it an illness. HIV-infections offer a perfect excuse to try this strategy again, so it is not really amazing that the diagnosis of compulsive sex is almost always applied to gay men and very seldom to heterosexual men or women. In my view one should only speak of compulsive sex when the sexual behavior of the person concerned clearly functions as a defence mechanism against psychotic decompensation, severe depression and other

such symptoms. The term 'sex addiction' is even worse and should maybe be avoided at all times. It seems to imply that sexuality (by which in most cases is meant: homosexuality) itself is like a dangerous substance to which one easily becomes addicted. I would prefer to use the word addiction only in connection to potentially poisonous substances (like alcohol or nicotine) and to avoid vague and confusing combinations of words like in 'food-addiction' (for over eating or compulsive eating), 'health-addiction' (the compulsive pursuit of physical health), or love-addiction etc.

2.6. DIVERGING WAYS OF THEORISING BETWEEN MEN AND WOMEN

In the preceding part of my speech I have tried to show you that theoretical discussions among lesbians and among gay men in the Netherlands do not always follow the same lines of reasoning or thinking. You may also have noticed that scientific research in gay psychology is usually about men and less often about women. This last difference, of course, has everything to do with the differences in power or position between men and women in general and with the way in which our society has defined and constructed (or should I say: ignored) female sexuality. In addition to this I would like to call your attention to a related phenomenon, which, in the Netherlands at least; leads to a growing gap between lesbian psychology and gay male psychology.

The latest trend in Dutch lesbian psychology and psychotherapy indicates a certain movement away from reductionistic scientific and rational psychological theorising. Lesbian counselors and psychotherapists in the Netherlands have a great interest in existential discussions, spirituality, filosofy and (to a lesser

degree) psycho-analysis. As a consequence, the lesbian therapy-network offers a wide variety of the so-called alternative therapies, but offers relatively few possibilities for more traditional techniques and methodologies. In this respect the gap between men and women is widening and lesbian psychology runs a certain danger of becoming isolated from large parts of mainstream psychology. On the other hand, of course, one may criticise the male inclination towards more rationalisations and sticking to the well known and classical paths of counseling and psychotherapy. Personally I do believe in the value of a psychology which is based on scientific research as well as on phenomenological studies and new experimental methodologies. And I do believe that mainstream psychology has shown itself to be ethnocentric in rejecting, beforehand, most of the valuable things which can be learned from non-western cultures. You may have noticed that I am fascinated by the subtle and rather fluid ways in which the lesbian community seems to deal with matters like identity, sexuality and psychological problems. The rather strong segregation between men and women within the Dutch gay community has caused a widening gap between lesbian and gay male therapists which, maybe, has been usefull in the past. I do feel however, that it is time to try and bridge the gap so we can learn from the different styles which have been developed on both sides.

3. DEVELOPMENT OF METHODOLOGY

3.1. INTRODUCTION

The development of specific methodology for gay and lesbian clients has, for the last 10 years, been an important task for

the Schorerfoundation. Following the lead of what our clients tell us and listening to signals coming from the gay and lesbian community, we usually start by selecting certain areas of special attention. We read up on the relevant literature and try to increase our knowledge of the issue we are studying. If these preparations seem to warrant a further investment in time and energy, the 'area of attention' becomes a project. A plan is made to experiment with one or more methodologies, specifically designed for the problem-area concerned. Criteria for evaluation are formulated. Such projects are usually completed by way of a publication, so that the results become available to others. In the past we have, for example, experimented with several kinds of groups, like a psychodynamic group for gay men or a group for victims of anti-gay violence. In the following I would like to inform you about three of the projects we are doing now.

3.2. ACCEPTANCE AND APPRECIATION

In recent years my colleague Hans Tilman has done some important work in the field of acceptance and appreciation processes of the complicated kind. He has been influenced by social constructionism and systems-theories (like the Milanese school). He is fascinated by the different constructions or personal realities people create about homosexuality and by the survival-qualities of these constructions within the system in which a person functions. The trick is to unsettle the balance within the system by reframing, by constantly changing reality with the introduction of new constructions that are acceptable for the client. Take for example an adolescent who knows he is gay, but has not come out to his parents yet. His family-system reflects the classical hellish triangle in which the father is normative

and distant, while the mother is prudish but warm and emotional. The adolescent feels guilty about the secret he keeps from his parents, but is afraid to be rejected by the father and to hurt his mother. The first bit of reframing to do here, is to point out to the client that by keeping his secret he is only protecting his family-system from conflicts and sadness. This reframing will enhance guilt-reduction and the formation of a more positive self-image for the client. This may help him over the threshold and he may proceed to tell his mother about his gay feelings. She in turn tells the father. Now the system will have to change. The mother may come closer to the child to protect him against rejection by the father. A conflict between father and mother may arise. Each member now changes his or her construction about homosexuality. Mother may feel homosexuals are to be pitied and protected, father may come to think of gays as sissies who seek the protection of mothers, the son might still see homosexuality as negative but may also start to feel angry towards his father and start to feel the need to distance himself from mother. Again he feels guilty. The therapist reframes by telling the client that he is taking the first steps towards more independence, which is only natural for an adolescent, and that these are the first signs of a more positive self-evaluation, etc.etc. Tilman has been experimenting with this strategic, directive and systemic way of working in a number of groups for gay men with acceptance-problems. He is preparing to write an article about his findings.

3.3. A RELATIONSHIP TRAINING FOR LESBIAN COUPLES

In view of the large numbers of lesbian couples who came to the

Schorerfoundation for therapy, my colleague Coby Langenkamp has developed a training for lesbian couples, entiteled 'Communication, autonomy and solidarity in lesbian relationships'. The program is not meant for couples who need psychotherapy, but for those women who feel their relationship needs a check-up and some fresh input. In this sense you might see it as a prevention program. 8The training consists of 15 sessions. These sessions are devoted to topics like: women's socialisation, survival strategy's for lesbians, caring and control, the different stages of relationships, interpersonal communication, feedback, the positions of saviour, persecuter and victim, meta-communication, bargaining, sexuality, freedom and solidarity, conflictmanagement etc. The main theme of the training is how a lesbian couple can deal with differences between the partners and how they can find a workable balance between autonomy and solidarity. The training manual, which will be published in the fall of this year, will give a description of the course, both for the groupleaders and for the participants, and will contain the most important theory and numerous examples of excercises that can be used in similar programs.

3.4. A TRAINING IN SOCIAL SKILLS FOR GAY MEN

Finally I would like to describe the training in social skills and assertiveness that has been developed recently. This training is meant for gay men over 40 years old, who have become extremely isolated in the course of their lives. Many of the participating men have a history of psychiatric problems and belong to the category of clients which can be called non-yavis. We have now conducted three experimental groups of this kind. Each group has been evaluated extensively and, depending on the results of these

evaluations, changes in the program have been introduced. The training now consists of 18 sessions, subdivided into three blocks. First each participant, in cooperation with the groupleader, formulates his personal goals in terms of concrete behavior. At the start of each training session all participants are asked to share a positive and a new experience of the past period with the other groupmembers. All sessions end with a relaxation exercise or a guided fantasy. The first block of eight sessions focus on basic social skills, like eye-contact, body-language, listening, giving feedback, dealing with conflicts, negotiating, assertive behavior etc. All these social skills are treated in the context of a homosexual situation. When discussing a subject like eye-contact, for example, a lot of attention is paid to the role of eye-contact in meeting other gay men, be it on the streets or in a gay bar. The principles of Rational Emotive Therapy form the theoretical background of the training and the participants are taught to use these principles as a self-help method. For the next block of seven sessions the group selects five or six themes, which usually include themes like the problems of growing older, sexuality, the use of personal adds to find new friends, the building of a social network, difficult contacts with the family etc. Also each participant is asked to prepare and deliver a short speech on the theme: my life as a gay man two years from now. During these seven sessions extensive use is being made of video-recordings, to give the participants immediate feedback on their social behavior. The last three sessions are follow-up sessions in which the clients can discuss the problems they have encountered in applying what they have learned during the training. Of course the individual goals that have been formulated at the beginning of the training are being

evaluated at regular intervals. At the end of the experimental period I am planning to publish a handbook for the training, which can be used by other therapists but which can also be used as a self-help book for clients.

4. EDUCATION AND TRAINING

Because the Dutch government does not intend to sponsor the Schorerfoundation indefinitely, it wants us to spend an increasing amount of time in transferring our specific knowledge to counselors and psychotherapists who work in the general institutions for mental health. It may be that, in the long run, we are digging our own grave in this way, but we do feel that gay affirmative therapy should be available to all lesbian and gay clients in the Netherlands and especially for those who have no other option but to go to a general institution. First let me give you a rough sketch of the Dutch out-patient mental health system, which, by the way, always seems to be in a state of major reorganisation. The Netherlands has been divided up into 60 regions, each region having it's own regional centre for out-patient mental health services called RIAGG. A RIAGG is supposed to be able to deal with all kinds of psychosocial and psychiatric mental health problems, except that of substance addictions for which special centres have been created. The services of a RIAGG are free of charge and, in principle at least, every Dutch citizen has acces to them. Next to these large institutions there are some specialised mental health agencies, like the Schorerfoundation, plus a rather small circuit of private practices. Since clients usually do not pay for psychotherapy and counseling, the private practices cater to the rich and to those

whose medical insurance covers the fees of a psychologist or psychiatrist. There are some exceptions to this rule. There is a small, but growing circle of male therapists with a gay oriented private practice. Lesbian counselors and psychotherapists in the Netherlands have created a network which is far better organised and much more extensive than that of their gay male counterparts. Historically this network finds its roots in the feminist therapy network, which has been quite succesfull in introducing specialised psychosocial help for women, even within the large general institutions for out-patient mental health. The necessity to create special services for women has now been widely accepted, although the same is not true for special services meant for lesbians. Hence a national network for lesbian counselors and psychotherapists has been formed. Quite a few lesbian women, who seem to be less career- and money-oriented then the gay male therpists, have established private practices. While most of the men offer rather traditional and established forms of psychosocial help, many women have specialised in alternative techniques and metnods like biorelease, psychosynthesis, massage, rebirthing etc. etc.

There are only a few RIAGGS who offer special services to gay men and lesbian women, like a special consultation hour or a special group. It is one of the tasks of the Schorerfoundation to increase the number and quality of these services. In educating Dutch mental health workers, their attitude towards homosexuality is not a central issue any more, although it remains an important topic. Most therapist are well aware of the effects of suppression and discrimination and know something about gay and lesbian identity development. And most of them (especially the males) seem to think that is all there is to know about

homosexuality. AIDS has stirred their interest a little bit, but not enough. Hence the frequent mistakes that are made, like saying that homosexuality in the Netherlands is not a problem anymore and doesn't warrant any special attention, or, the opposite, the tendency to attribute all problems a gay men or lesbian might have to problems with the acceptance of a homosexual preference: this man is addicted because he does not accept his homosexuality, this woman is psychotic because she has not accepted her homosexuality etc. No wonder many lesbians and gay men often specifically want a gay therapist and are willing, if necessary, to pay for it too. At this time our greatest challenge in the field of education and training is to make clear that gay affirmative counseling and psychotherapy not only require a positive and homophobia-free attitude towards homosexuality, but that they also require specific methodological, theoretical and personal knowledge. Knowledge, among other things, about how to conduct an all-gay or all-lesbian group, about what the specific indications for participation in such a group are, knowledge of different gay and lesbian lifestyles, knowledge about the specific dynamics of gay and lesbian relationships, knowledge of different constructions of or theories about homosexuality etc.

5. CONCLUSIONS AND FUTURE DIRECTIONS

The overview of Dutch gay affirmative counseling and psychotherapy that I have given you is, of course, a personal one. Somebody else might have selected other issues and developments. It is hard for me to comment on the most important differences between The Netherlands and the U.S.A. in this area,

for I am well aware of the regional differences which exist within your country. It is my impression however, that Dutch gay affirmative counseling and psychoherapy is more heavily influenced by thinking and theorising in other academic fields, like sociology, history and cultural antroplogy and that it is more open to international influences. Also the Netherlands offers an opportunity to study the first effects on our trade of a society which is slowly becoming less homophobic.

As for future directions, it seems clear to me that our work on specific methodology-development and the education and training of therapists working in general mental health settings is far from finished, one of the main problems being the motivation of these therapists to learn about homosexuality.

Much more attention than in the past will have to be paid to the specific problems of gays and lesbians from ethnic minorities, and I would like, at this point, to expand on this issue a little more.

In the last twenty to thirty years the Netherlands has rapidly grown into a multi-cultural society. During the sixties large groups of Marocans, Turks and Italians were recruited to join the Dutch labourforce as so-called guestworkers. There have been several waves of immigrants from the former collonies, like Indonesia and Surinam, while, traditionally, most Dutch cities have a small Chinese community. Of course the main problems faced by these relatively new Dutch citizens are racism, discrimination and economic survival. In addition to these problems the different way in which homosexuality is constructed within their cultures of origin may, especially for the second generation, come into conflict with the western concept of gay identity. Under islamic law homosexuality is forbidden. Nevertheless

homosexual acts are widespread among male arabs. ;Through these acts, about which one does not talk, differences in status are being expressed, the active, penetrating partner always being superior to the passive, receiving one. The unwritten law seems to be that older men can penetrate women, younger men, transvestites or non-believers, thereby confirming their superior status. While on holiday in Indonesia this year I was impressed by the sensitive, good-humoured and erotic way Indonesian males express their mutual friendship bonds. In Indonesian culture homosexual acts are quite accepted. There is, however, no concept of a gay identity. Every man is supposed to get married and to remain silent about his sexual encounters with other males, in order to protect the harmony within the family. In Surinam, as in most South American countries, homosexuality is structured among the lines of macho versus effeminate behavior. Being a homosexual means a total degradation and is hardly accepted, except maybe in the case of very effeminate men. As you may have noticed little is known about lesbians in these different cultures, which is probably caused by a strong denial of the existence of female sexuality in general. Only very few people from ethnic minorities find their way to the Schorer foundation, which still is a mainly white and middle-class institution. Our first step in lowering our threshold has been to actively support a number of initiatives towards self-organisation among ethnic gays and to become aware of and fight signs of racism within our own institution.

As other areas of special attention I could mention: violence within gay and lesbian relationships, the position of gays and lesbians within the army, gay parenthood, gays who are mentally handicapped etc.

The development of theoretical models is another area which will need more attention in the future. A few months ago the American psychologist John Gonsiorek was invited by the Schorerfoundation to give a few lectures and workshops for Dutch counselors and psychotherapists. In one of the workshops he stressed the need for gay psychology to try and integrate its theories into the theories of mainstream psychology and I could not agree more. If we do not pay more attention to this task, gay psychology runs the danger of becoming an isolated field of inquiry, which can be too easily overlooked. In order to perform this task a critical evaluation of the current psychological schools on their homoophobic or (on the contrary) gay affirmative aspects is needed. A first example of such an effort can be found in the book of your country-fellow Friedman on male homosexuality and psychoanalysis. At the same time I feel it is necessary to work towards a better integration of theories and methods developed by lesbian therapists on the one hand and those developed by gay male therapists on the other. I guess both parties have a lot to learn here and, in view of our limited resources, we will all profit from a better cooperation between men and women in this field.

In view of these same limited resources and possibilities of gay psychology, an expansion of international contacts and coöperation seems absolutely vital to me, if we wish to use these limited resources as efficiently as possible. I suspect the same is true for the U.S.A. Inspired by organisations like division 44 and the A.L.G.P. I have taken the initiative to set up a European Association of Lesbian and Gay Psychologist. If everything goes according to plan the first official deed of this association

will be the organisation of a satellite-meeting on gay psychology during the 25 th international congress of psychology to be held in Brussels in 1992. I take the liberty to interpret the invitation to adress this conference, extended to me by division 44, as a sign of an increased interest in a more two-sided cooperation between gay and lesbian psychologists on both sides of the ocean. The development towards more international contacts and cooperation is a very positive one, especially in a time in which the gay communities of the world are faced with terrible difficulties and great opportunities at the same time. It has been a great honour for me to have been invited to tell you something about Dutch gay afirmative psychotherapy and counseling and I thank you very much for your attention.

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